

# **Exhibit**

# **A**

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X  
SHANTI GURUNG ,  
:

Plaintiff,  
:

v.  
:

JOGESH MALHOTRA and NEENA  
MALHORTA  
:

Defendants.  
:  
-----X

Case No. 10-CIV 5086

**CERTIFICATE OF SERVICE**

I do hereby certify, under penalty of perjury pursuant to 28 U.S.C. § 1746, that on the 14th day of December 2010, I served a copy of the Filed Complaint and Summons, and the Order Granting Plaintiff's Motion for Use of Alternative Means of Service on the Defendants, dated December 10, 2010, by electronic mail to Defendants at the following email address: dirsouth@mea.gov.in.

I further certify that on the 10th day of December 2010, I served upon the Defendants, a copy of the Filed Complaint and Summons, and the Order Granting Plaintiff's Motion for Use of Alternative Means of Service on the Defendants, dated December 10, 2010, by certified first class mail, return receipt request, to the following mailing addresses: Embassy of India, 2107 Massachusetts Ave NW, Washington D.C. 20008, and Permanent Mission of India to the United Nations, 235 East 43<sup>rd</sup> Street, New York, New York 10017.

Date: December 20, 2010

  
Jana Checa Chong

**Checa Chong, Jana**

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**From:** Checa Chong, Jana  
**Sent:** Tuesday, December 14, 2010 2:41 PM  
**To:** dirsouth@mea.gov.in  
**Cc:** Grysman, Sharon I.  
**Subject:** Gurung v. Malhotra, 10-CIV-05086-VM (SDNY)

**Importance:** High

Dear Ms. Malhotra:

Pursuant to the December 10, 2010 Order entered by Judge Marrero of the U.S. District Court for the Southern District of New York please find attached the Order and Adobe PDF copies of the Complaint and Summons in the above referenced matter. This constitutes satisfaction of one of the means of service enumerated in Judge Marrero's Order.

Respectfully,

Jana Checa Chong

**Jana N. Checa Chong**

**GIBSON DUNN**

Gibson, Dunn & Crutcher LLP  
200 Park Avenue, New York, NY 10166-0193  
Tel +1 212.351.2670 • Fax +1 212.351.6270  
JChecachong@gibsondunn.com • www.gibsondunn.com



Filed Order  
December 10.pdf



Filed Stamped  
Complaint.pdf



Stamped  
Summonses.pdf

Domestic Mail Only; No Insurance Coverage Provided

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$11.73  
Certified Fee \$2.80  
Return Receipt Fee (Endorsement Required) \$2.30  
Restricted Delivery Fee (Endorsement Required) \$6.00  
Total Postage & Fees \$6.83

12/10/2010

Sent To: Amb M. Shankar / Embassy  
Street, Apt. No., or PO Box No. 2107 Mass Ave NW  
City, State, ZIP+4 Washington, DC 20008-2816

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Amb H. Puri  
Perm. Rep India / UN  
235 East 43rd St  
NYC 10017-4703

2. Article Number  
(Transfer from service label) 7009 3410 0000 2300 8612

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 12-13-10

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

DEC 13 2010

102595-02-M-1540

Domestic Mail Only; No Insurance Coverage Provided

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$  
Certified Fee \$  
Return Receipt Fee (Endorsement Required) \$  
Restricted Delivery Fee (Endorsement Required) \$  
Total Postage & Fees \$

Sent To: Amb H. Puri / UN Rep  
Street, Apt. No., or PO Box No. 235 E 43rd St  
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Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Amb M. Shankar  
Indian Amb to US  
2107 Mass. Ave NW  
Washington, DC  
20008-2811

2. Article Number  
(Transfer from service label) 7009 3410 0000 2300 8605

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540